

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED NOV 1 1962

10237-62-040663

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

10237

VS 300
Rev. 4/59

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DATE AMENDED

INSTEAD OF

SHOULD READ

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH
a. COUNTYb. CITY (If outside corporate limits, give TOWNSHIP only)
OR
TOWN **St. Louis**

Length of stay in 1b

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTION **Homer G. Phillips Hospital**Inside Limits
Yes ☒ No ☐2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE **Missouri** b. COUNTYc. CITY
OR
TOWN **St. Louis**Inside Limits
Yes ☐ No ☐d. STREET
ADDRESS **2829 Gamble St.**Reside on Farm
Yes ☐ No ☐3. NAME OF DECEASED
(Type or print)

First

Middle

Last

Florence**Robinson**4. DATE
OF
DEATH

Month

Day

Year

10**23****62**

5. SEX

Female

6. COLOR OR RACE

Colored7. Married ☐ Never Married ☒Widowed ☐ Divorced ☐

8. DATE OF BIRTH

2-13-15

9. AGE (last birthday)

47

IF UNDER 1 YEAR

IF UNDER 24 HR

Months

Days

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Housework10b. KIND OF BUSINESS OR INDUSTRY
None11. BIRTHPLACE (City and state or country)
Louisiana12. CITIZEN OF WHAT COUNTRY
U.S.A.

13a. FATHER'S NAME

Pete Perry

13b. MOTHER'S MAIDEN NAME

Mary Adams

14. NAME OF HUSBAND OR WIFE

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of service)
No**None**

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

Lillie Hardnot -2829 Gamble St.18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Bronchial AsthmaINTERVAL BETWEEN
ONSET AND DEATH
10 daysConditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

DUE TO (c)

241XPART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal
disease condition given in PART I (a)PART III. If deceased was female was
there a pregnancy in last 90 days.☐ Yes ☒ No ☐ Unknown19. WAS AUTOPSY
PERFORMED?
YES ☐ NO ☒20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF
INJURYHour
a.m.
p.m.

Month, Day, Year

20d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from **10-9-62** to **10-23-62** and last saw her alive on **10/23/62**
Death occurred at **11 a.m. 10-23-62** m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

22c. DATE SIGNED

23a. BURIAL, CREMATION,
REMOVAL (Specify)**Removal**

23b. DATE

10-30-1962

23c. NAME OF CEMETERY OR CREMATORY

Father Dickson's Cemetery

23d. LOCATION (City, town, or county)

St. Louis, Missouri

24. FUNERAL DIRECTOR

ADDRESS

Ellis Funeral Home-2820 Stoddard St.

25. DATE RECD. BY LOCAL REG.

OCT 26 1962

26. REGISTRAR'S SIGNATURE

Ed Smith, M.D.

USE BLACK INK

OR
TYPEWRITER RIBBON

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

Fulton E. Perkins

Licensed Embalmer No. 4198

P. O. Address

Dr. Lewis, Jr.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.